

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09818625  
FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
	1						51		1	
2		1					52	1		
3		1					53	1		
4		1					54	1		
5		1					55			
6		1					56	1	1	
7		1					57			
8		1					58	1		
9		1					59	1		
10		1					60	1		
11		1					61		1	
12		1					62	1		
13		1					63	1		
14		1					64	1		
15		1					65	1		
16		1					66	1		
17		1					67	1		
18		1					68	1	1	
19		1					69	1	1	
20		1					70	1	1	
21		1					71	1		
22		1					72	1		
23		1					73	1		
24		1					74	1	1	
25	1						75	1		
26		1					76			
27		1					77			
28		1					78			
29		1					79			
30		1					80			
31		1					81			
32		1					82			
33		1					83			
34		1					84			
35		1					85			
36		1					86			
37	1						87			
38		1					88			
39		1					89			
40		1					90			
41		1					91			
42		1					92			
43		1					93			
44		1					94			
45		1					95			
46		1					96			
47		1					97			
48		1					98			
49	1						99			
50		1					100			
TOTAL IND.							TOTAL IND.	7		
TOTAL DEP.							TOTAL DEP.	68		
TOTAL CLAIMS							TOTAL CLAIMS	75		